SBIRT: Screening, Brief Intervention and Referral for Treatment

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MONTANA SBIRT

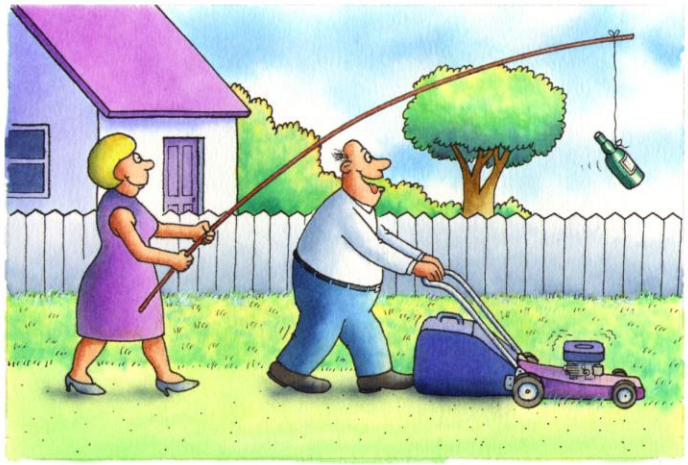
a path to better health

ENA Injury Prevention Institute

Emergency Nurses CARE

Objectives of Presentation

- Identify the relationship between Trauma and Alcohol Consumption patterns in Montana and how it affects our Emergency Departments
- Identify the components of Screening, Brief Intervention and Referral for Treatment (SBIRT) and how it fits into the care of the Emergency Department patient
- Identify the components of Motivational Interviewing and how it fits into the SBIRT model
- Describe the Montana SBIRT project currently being implemented and identify how your facility can become involved



What is SBIRT?

- SBIRT is an evidenced based screening program designed to identify individuals at risk for alcohol use problems

- SBIRT Components:
  - Screening
  - Brief Intervention
  - Referral for Treatment

What is SBIRT?

- Designed for use by service providers who do not specialize in addiction treatment
- Uses motivational approaches based on how ready the person is to change behavior
- Gives feedback and suggestions respectfully in the form of useful information, without judgment or accusations
- Has been show by research to be effective in reducing alcohol use and alcohol-related adverse consequences

Taken from APHA-SBI

Alcohol Problems and The Impact

- Alcohol is the most commonly used drug in the United States and a leading cause of illness and death
- Nearly 3 out of 10 American Adults drink in a risky way, ranging from binge drinking to daily heavy drinking
- Alcohol use is a factor in many injuries including 40-50% of fatal motor vehicle crashes
- There were 17,602 deaths in 2006 caused by alcohol-related motor vehicle crashes*

**taken from American Public Health Association and Education Development Center, Inc. (2008)

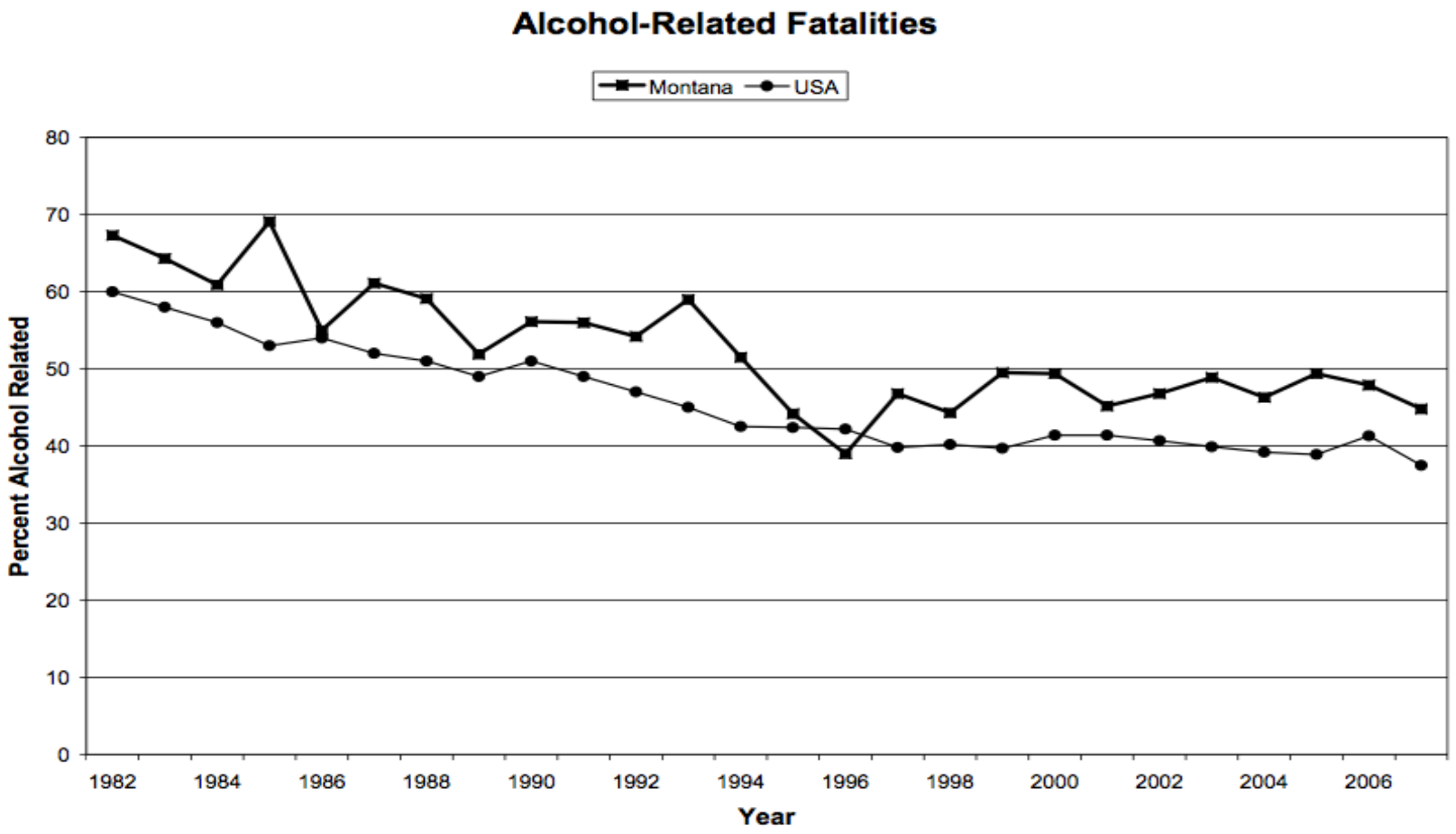
Health Problems with Alcohol

- Short term health risks
  - Vomiting
  - Headache
  - Dehydration
  - Irritability
  - Impaired concentration
- Long term health risks
  - Liver damage
  - Ulcers
  - Rhinophyma
  - Memory loss
  - Depression
  - Heart disease
  - Pancreatitis

We Love to Drink Alcohol in Montana

- In 2005, we consumed:
  - 124.7 millions shots of distilled spirits
  - 33.0 million glasses of wine
  - 279.6 million 12-oz cans of beer
- In 2003 we ranked fifth in the nation consuming on average 435 beers per adult

Alcohol-Related Fatalities: Montana compared with the nation



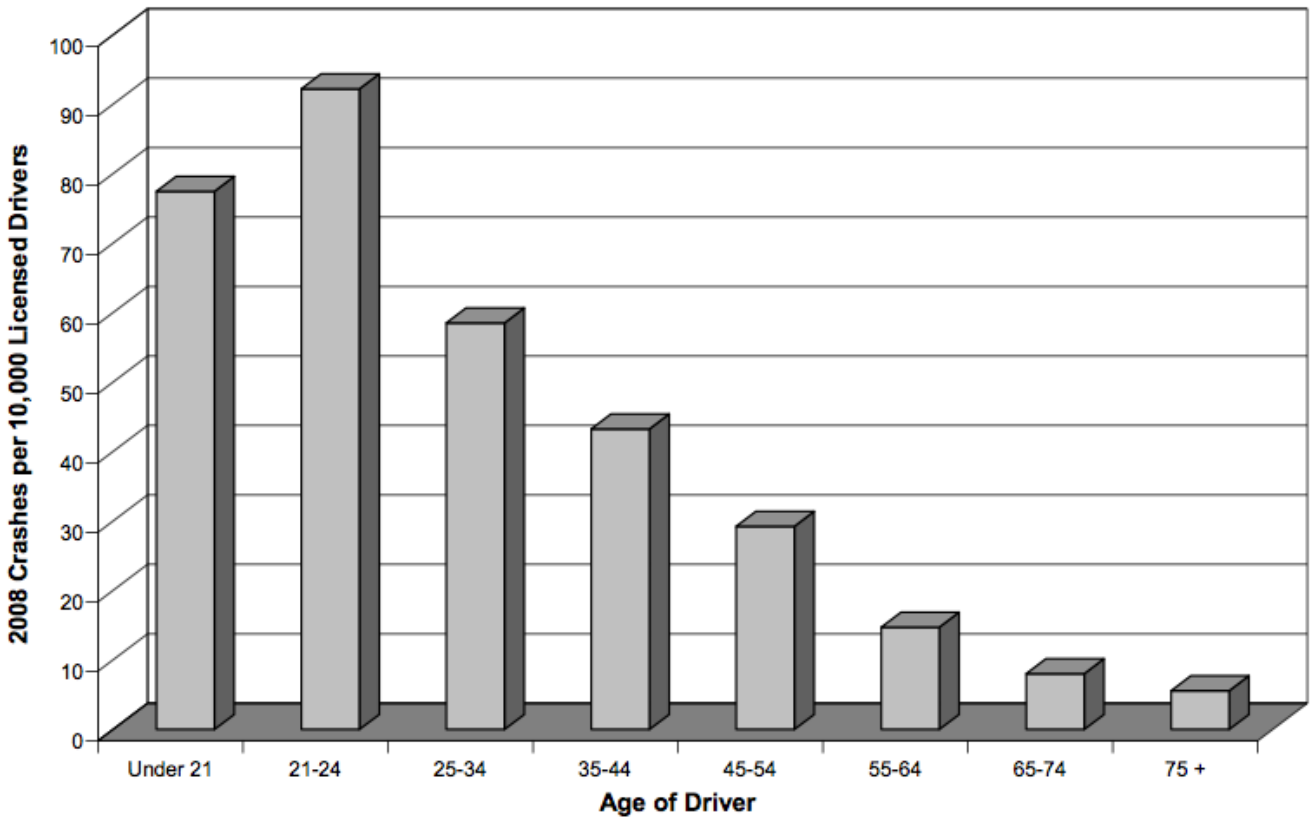
Source: Fatality Analysis Reporting System

Alcohol Problems in Montana

- Montana has one of the highest alcohol-fatality rates in the nation
- Preliminary 2008 results show that 45.9% of all fatal crashes were alcohol related
- In 2005 more than 33% of Montana high school students reported binge-drinking within the past 30 days
- The economic impact on our state has been estimated to total $510.6 million

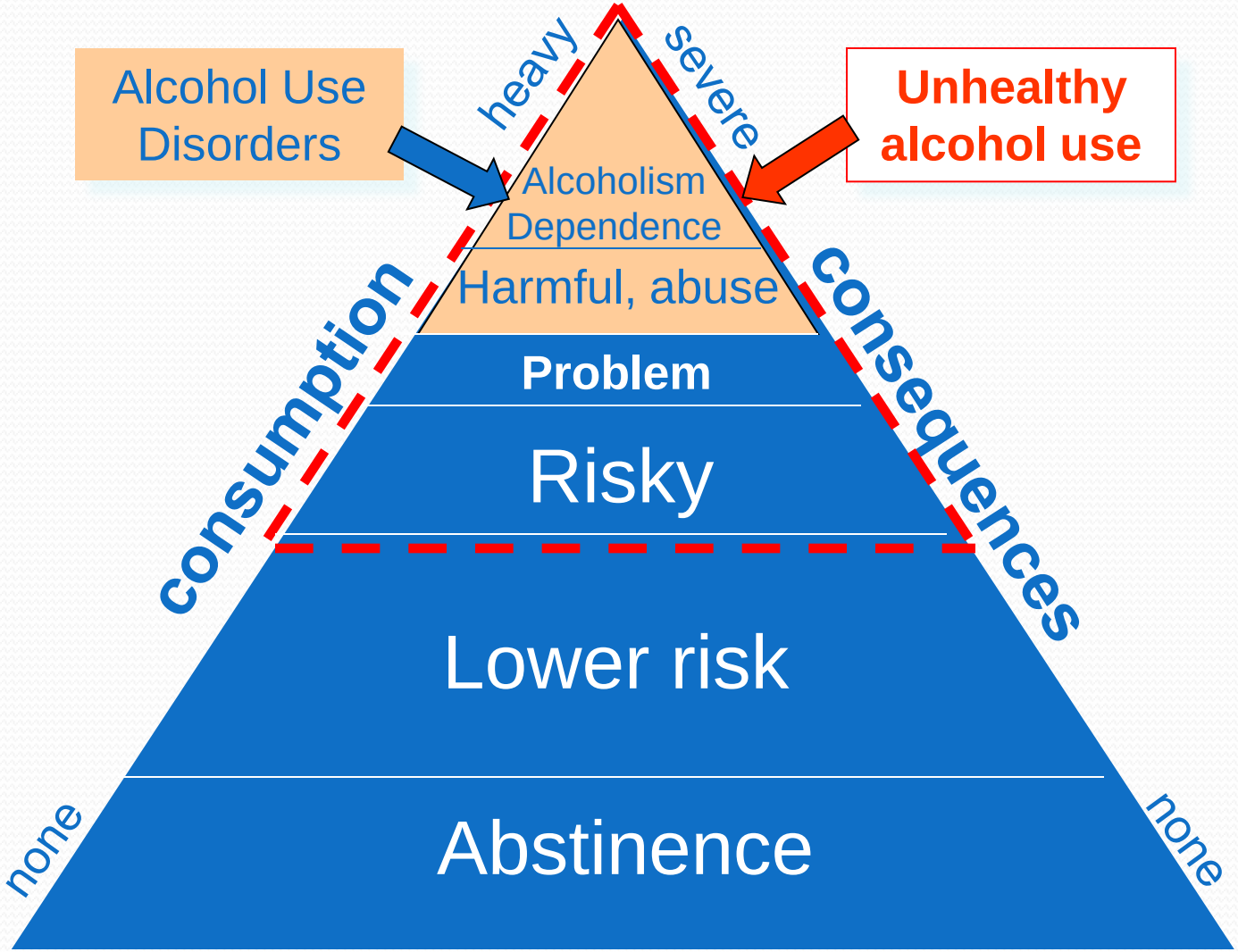
**Source: Bureau of Business and Economic Research, University of Montana, Patrick M. Barkely

Alcohol-Related Crashes by Age of Driver



Source: MT Department of Transportation, MT Department of Justice

The Pyramid of Alcohol Use in the US



Drinking Types and Patterns

Low Risk or Abstinent

- Drinking within recommended guidelines
- 12 or fewer drinks per year

Risky Drinking (21%-23% of population)

- Consume more than 14 drinks (men) or 7 drinks (women) per week **OR**
- Consume more than 4 drinks (men) or 3 drinks (women) on any given day in the past month

Dependent Drinking (5%-7% of population)

- Physically dependent on alcohol
- May spend a great deal of time obtaining, using, or recovering from alcohol
- Difficulty being able to control drinking
- Physical withdrawal symptoms when alcohol is stopped or decreased
- High tolerance to large amounts of alcohol

What is a Standard Drink?

12 oz of beer

5 oz of wine

1.5 oz of liquor

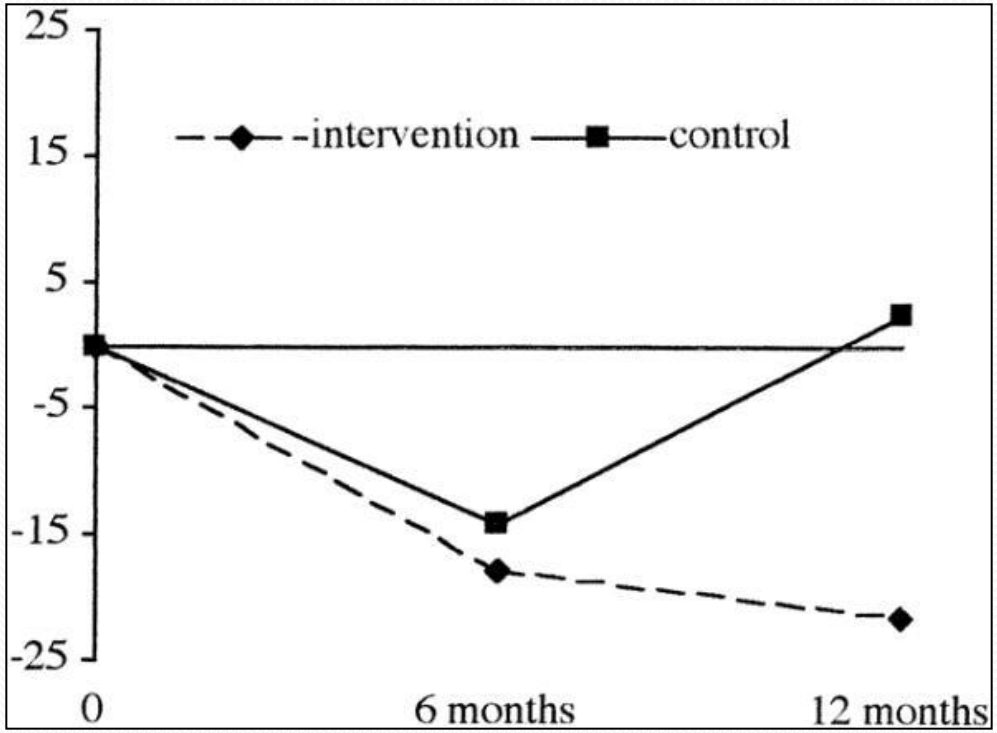
Why SBIRT?

- Evidenced-based program initiated more than 40 years ago
- Several systematic reviews have shown that SBI is effective:
  - In helping at-risk drinkers
  - In helping both men and women, including pregnant women
  - In both primary care and emergency department settings

Cost-Effectiveness of SBIRT

- SBI does not require extensive training
- One study found that for every $1 spent on SBIRT there was a $4.30 saving on future healthcare cost
- Another study of trauma patients in emergency departments and hospitals found a net savings of $89 in healthcare costs per patient that was screened
- These numbers don't even take into account the potential impact on personal productivity, lost days at work, and overall community health

Annals of Surgery, Gentilello etal., (1999)



Alcohol Interventions in a Trauma Center as a Means of Reducing the Risk of Injury Recurrence.
Gentilello, Larry; Rivara, Frederick; MD, MPH; Donovan, Dennis; Jurkovich, Gregory; Daranciang, Elizabeth; Dunn, Christopher; Villaveces, Andres; MD, MPH; Copass, Michael; Ries, Richard

Annals of Surgery. 230(4):473, October 1999.

Figure 4 . Changes in alcohol intake in mean number of standard drinks per week during follow-up in patients with a SMAST score of 3 to 8 ($p < 0.01$).

Efficacy and Cost of Advice

TrEAT Long-term Follow-up

At 4 years…	Control	Intervention
Hospital Days (p<0.05)	663	420
ED Visits (p<0.08)	376	302
Risky Drinking* (p<0.001)	35%	23%

Cost of intervention: $166 per patient
(includes patient costs)

Net benefit: $546 in medical costs,
$7780 if societal costs included (mainly motor vehicle)

**36 months. >20 drinks (men), >13 drinks (women) per week*
Fleming MF et al., 2002.

Committee on Trauma

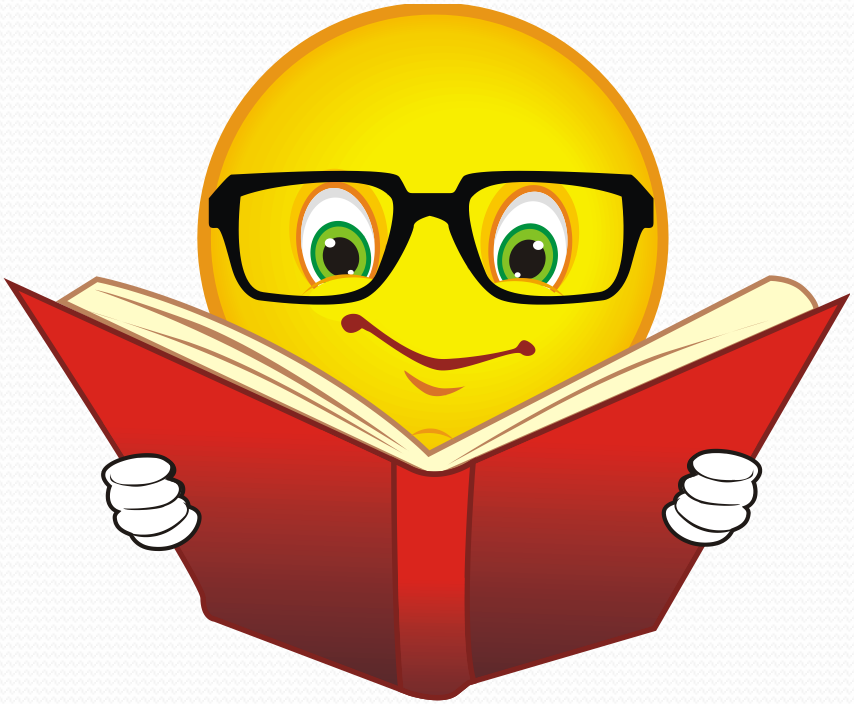
- American College of Surgeons Committee on Trauma (2006) "Trauma centers can use the teachable moment generated by the injury to implement an effective prevention strategy, for example, alcohol counseling for problem drinking."
- SBI is now required by ACS for all Level I and Level II Trauma Centers
- In addition, Level I centers must have the capability to provide an intervention for patients identified as problem drinkers.

Joint Commission Position

- Specifically, the proposed Joint Commission measures would require that:
  - All admitted patients are screened for excessive alcohol use, use of illicit drugs, misuse of prescription drugs, or tobacco use.
  - All patients with a positive screen receive a brief intervention.
  - All patients with a positive screen who are found to have alcohol or drug dependence or tobacco dependence will have treatment initiated in the hospital or be referred to treatment at discharge.
  - All patients be contacted within two weeks post hospital discharge and offered additional help as needed.

Screening and Brief Intervention:

- *What you need to know*



Step 1: Screening

- Purpose is to identify individuals who might benefit from a more in-depth assessment of their drinking
- Start with a **Universal Alcohol Screening Question**:
  - "How often in the past year did you drink beer, wine, or distilled spirits?"
  - NIAAA Quantity and Frequency questions
    - 1. On average, how many days per week do you drink alcohol?
    - 2. On a typical day when you drink, how many drinks do you have?
    - 3. What's the maximum number of drinks you had on a given occasion in the last month?

Screening Tools

- CAGE
- AUDIT
- S-MAST
- RAPS4
- CRAFFT
- TWEAK

CAGE Questionnaire

- In the last 12 months:
  - Have you felt you ought to CUT down on your drinking use?
  - Have people ANNOYED you by criticizing your drinking use?
  - Have you ever felt GUILTY about your drinking use?
  - Have you ever had a drink first thing in the morning (EYE OPENER) to steady your nerves, get rid of a hangover, or get your day started?

Interpretation of CAGE Answers

- Scenario 1: A person is an **at-risk non dependent** drinker if he/she has one positive response
- Scenario 2: A person is identified as a **potentially dependent drinker** if he/she has a positive response to:
  - The CAGE "eye-opener" question, or
  - Two or more CAGE question

Step 2: Brief Intervention

- Short 5-15 minute negotiated interview used to motivate a patient in changing his/her drinking patterns.
- Uses Motivational Interviewing (MI)
- Purpose is to:
  - Provide information and feedback about alcohol use
  - Understand patients view of drinking and enhancing their motivation to change
  - Provide clear and respectful professional advise
- Can be performed by RN's, MD's, Social Workers, Case Management, Trauma Coordinators

What is MI?

- Aims to help identify and encourage behavior change
- Increase person's awareness of problems, consequences, and risks related to behavior
- Helps person explore and resolve ambivalence toward behavior, increase motivation to change
- Motivation to change elicited from the person, not imposed from outside
- Quiet, questioning, eliciting style

Four Components of Brief Intervention

- Raise the Subject
- Provide Feedback
- Enhance Motivation
- Negotiate and Advise

Raising the Subject

- Key components:
  - Establish Rapport
    - Explain your role
    - Avoid being judgmental
    - Set the tone
  - Be Respectful
  - Obtain permission from the client to discuss his or her alcohol use
  - Avoid arguing or confronting. If the client does not want to discuss it, accept his or her decision
  - "Would you mind taking a few minutes to talk with me about your substance use?"

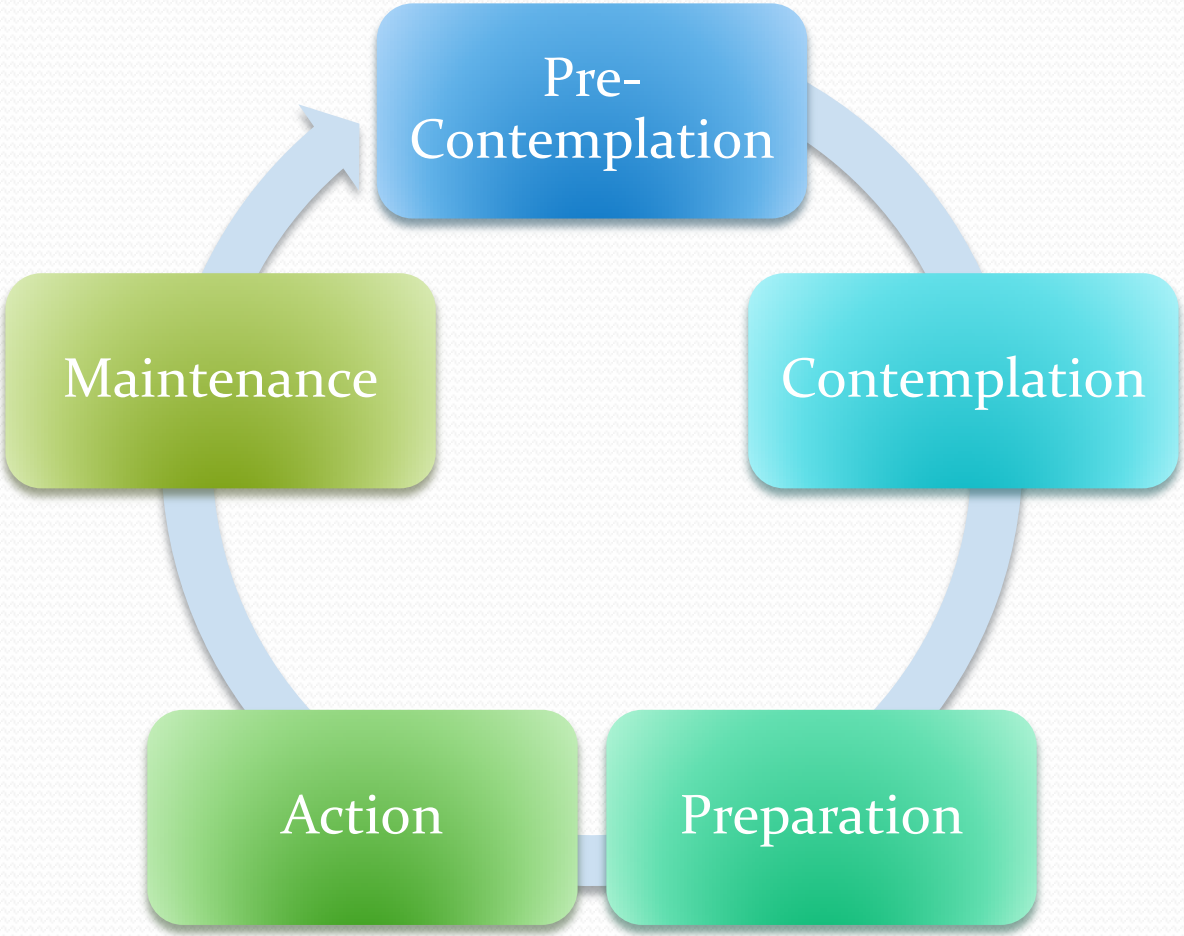
Provide Feedback

- Review current drinking patterns
  - "The recommended guidelines for healthy women/men are…
- Express Concern
- Be non-judgmental
- Discuss health risks of alcohol and other substances
  - "At this level of consumption, you are at increased risk for health and other consequences such as…"
- Make any connection between alcohol and their visit to the emergency department of other health problems
- Give NIAAA guidelines to specific to patient gender and age

Enhance Motivation

- Assess Readiness to Change
- Develop Discrepancy
  - Identify areas to discuss
  - Discuss pros and cons
- Listen Reflectively
- Ask Open-ended questions

Stages of Change



Assessing Readiness to Change:

"On a scale of 0-10 (0 being not ready at all and 10 being very ready) How ready are you to change any aspects of your drinking habits?

0 1 2 3 4 5 6 7 8 9 10

Negotiate and Advise

- Negotiate Goals
  - Assist patient to identify a goal from a menu of options
  - Avoid being argumentative
- Give Advice
  - Deliver sound medical advise/education
  - Provide harm reduction strategies (eg. limiting risky behaviors such as drinking and driving)
- Summarize
  - Provide a drinking agreement
  - Help patient clarify goals to pursue
  - Provide health information materials

Common Problems

- Refusal to engage in the discussion of the topic of drinking
- Refusal to self-identify along the readiness ruler
- Unwillingness to associate visit with alcohol use
- Not ready to change drinking patterns to stay within safe limits

Closing the Intervention

- Show appreciation to your patient
- Affirm positive behaviors
- Respect patient's decisions
- Offer information
- Arrange for follow-up

Remember!

- No confrontation, labeling, stereotyping
- Ask open-ended questions
- Reflective listening to encourage talk about drinking
- Offer information in a non-personal manner
- Patient is the expert!
- “What do you like about drinking?”
- “What do you like less about drinking?”

Step 3: Referral for Treatment

- Provide a list of local and national resources
- Provide educational material
- Discuss further follow-up with their primary care provider
- Consider including a follow-up procedure that in

Recommended Best Practice for Emergency Nurses from ENA

- Listen to pre-hospital professionals' report and elicit patient information indicative of alcohol use problems (AUP)
- Identify alcohol-related events in initial assessment of the patient
- Perform an assessment using appropriate tools, such as history, physical examination, and screening tools
- Document objective findings of assessment, interventions and plan of care for patient with AUP
- Collaborate with health care team to implement interventions, such as brief intervention, discharge planning, and referral

Best Practice for ED Nurses

- Communicate plan of care to appropriate services, such as physicians, substance abuse counselors, referral agencies, and inpatient caregivers
- Provide care for the alcohol-impaired patient in a professional and non-judgmental manner
- Advocate in the community for public education, prevention programs, public policy, and treatment programs for AUP
- Participate in collaborative research, education, and data gathering to improve the care of patients with AUP
- Integrate alcohol screening and alcohol education into curricula, continuing education, and standards for emergency health care professionals

Is your facility ready for SBIRT?

- Evaluate health care providers' attitude toward alcohol users and abusers
- Assess your ED and/or Trauma Department's readiness:
  - Does your ED/Trauma Department and hospital administration support the implementation of the SBIRT procedure?
  - How will the implementation of the SBIRT procedure be most efficient and effective for all staff? (Refer to the SBIRT Implementation Model section.)
  - What are the strengths, weaknesses, opportunities, and threats of your department related to the implementation of the SBIRT procedure?

MT SBIRT Project

- Increase the percentage of patients age 15 and older screened for alcohol and receive a brief intervention at the Level II Trauma Centers by 30%
- Select 10 additional sites and develop an internal infrastructure for implementing an SBIRT program.
- Provide training, resources, and support to SBIRT professionals.
- Collect data from all sites
- Funding provided by MT DOT in partnership with DPHHS

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How to get Involved in the Montana SBIRT Project

- Contact Department of Health and Human Services Injury Prevention Office
  - Bobbi Perkins
  - bperkins@mt.gov
  - 444-4126
- Contact Project Leader
  - Leigh Taggart
  - taggartleigh@gmail.com
  - 599-4848
  - Come find me at the SBIRT booth!!!!

Training Opportunities

- Boston Medical Center – self study – free

http://www.bu.edu/act/mdalcoholtraining/curriculum_top.html

- NIAAA Video Cases – free videos on BI

http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/CME_CE.htm

- ENA SBIRT Toolkit – video

http://ena.org/ipinstitute/SBIRT/video.asp

- MI Website: www.motivationalinterview.org
- AlcoholCME.com – Clinical Tools, Inc. – self study http://www1.alcoholcme.com/?id=1753:8029&cmestate=1
- Community Health Association of Mountain and Plain States – nominal fee

http://www.champsonline.org/Events/Distance_Learning.asp#SBIRT

- May 13th SBIRT Training provided by team from Colorado SBIRT. Onsite in Helena with tele-conference in Billings.

Summary

- Alcohol is a integral part of our society
- One in every four drinkers engage in risky behavior
- Montana ranks high in alcohol-related morbidity and mortality compared to National levels
- SBIRT is an evidenced-based program designed to identify risky drinking and prevent future injury
- SBIRT is here to stay, get involved now!!
- Facilities can still participate in the program
- It's the right thing to do for our patients and society!!

Questions?

"Well, according to the Breathalyzer, you have been drinking–from the toilet."